

Statement of Organization Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

____/____/____

☒ Amendment

Date qualification threshold met

03 / 17 / 1994

☐ Termination – See Part 5

Date of termination

____/____/____

Date Stamp

City Clerk's Office

DEC 17 2020

RECEIVED

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

941250

NAME OF COMMITTEE

Milpitas Firefighters PAC, Sponsored by Milpitas Firefighters Local 1699

STREET ADDRESS (NO P.O. BOX)

5429 Madison Avenue

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Sacramento

CA

95841

(916) 348-9100

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

campaigns@rcbs.us / (916) 348-9111

COUNTY OF DOMICILE

Sacramento

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Milpitas

2. Treasurer and Other Principal Officers

NAME OF TREASURER

James Queenan

STREET ADDRESS (NO P.O. BOX)

1900 Cox Road

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Aptos

CA

95003

(804) 390-3786

NAME OF ASSISTANT TREASURER, IF ANY

Denise Lewis

STREET ADDRESS (NO P.O. BOX)

5429 Madison Avenue

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Sacramento

CA

95841

(916) 348-9100

NAME OF PRINCIPAL OFFICER(S)

Reggie Sutton, President

STREET ADDRESS (NO P.O. BOX)

10345 Sheldon Road

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Elk Grove

CA

95624

(510) 219-7120

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/8/2020
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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COUNTY OF DOMICILE

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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2 of 5

COMMITTEE NAME

I.D. NUMBER

Milpitas Firefighters PAC, Sponsored by Milpitas Firefighters Local 1699

941250

2a. Additional Officers / Assistant Treasurers

NAME

Jonathan Powers, Vice President

MAILING ADDRESS

4520 Norwich Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95130	(408) 807-1841

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME

MAILING ADDRESS

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FORM **410**

Page 3 of 5

COMMITTEE NAME

Milpitas Firefighters PAC, Sponsored by Milpitas Firefighters Local 1699

I.D. NUMBER

941250

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
First Foundation Bank	(916) 724-2424	2303002332	
ADDRESS	CITY	STATE	ZIP CODE
2233 Douglas Boulevard, Suite 300	Roseville	CA	95661

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 4 of 5

COMMITTEE NAME

Milpitas Firefighters PAC, Sponsored by Milpitas Firefighters Local 1699

I.D. NUMBER

941250

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☒ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Support or oppose officeholders, candidates or ballot measures within the City of Milpitas

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Milpitas Firefighters Local 1699

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Labor Union

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

1313 N Milpitas Boulevard

Milpitas

CA

95035

(408) 942-8904

Small Contributor Committee

☐ ____/____/____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Additional Comments
For Form 410**

ADDITIONAL COMMENTS

**CALIFORNIA
FORM 410**

Page 5 of 5

COMMITTEE NAME

Milpitas Firefighters PAC, Sponsored by Milpitas Firefighters Local 1699

I.D. NUMBER

941250

Additional Mailing Address: Post Office Box 361628 Milpitas, CA 95035

Statement of Organization Recipient Committee

Statement Type ☐ Initial ☒ Amendment ☐ Termination – See Part 5

☐ Not yet qualified
or

☐ Date qualified as committee 03 / 17 / 1994
Date qualified as committee

____ / ____ / ____
Date of termination

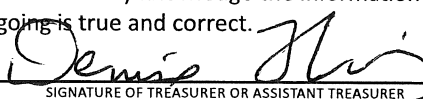
Date Stamp City Clerk's Office FEB 01 2019 RECEIVED	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information NAME OF COMMITTEE Milpitas Firefighters PAC, Sponsored by Milpitas Firefighters Local 1699 STREET ADDRESS (NO P.O. BOX) 5429 Madison Avenue <table border="1"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td>Sacramento</td> <td>CA</td> <td>95841</td> <td>(916) 348-9100</td> </tr> </table> MAILING ADDRESS (IF DIFFERENT) E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) (916) 348-9111 / campaigns@rcbs.us <table border="1"> <tr> <th>COUNTY OF DOMICILE</th> <th>JURISDICTION WHERE COMMITTEE IS ACTIVE</th> </tr> <tr> <td>Sacramento</td> <td>City of Milpitas</td> </tr> </table>		CITY	STATE	ZIP CODE	AREA CODE/PHONE	Sacramento	CA	95841	(916) 348-9100	COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	Sacramento	City of Milpitas	2. Treasurer and Other Principal Officers NAME OF TREASURER Geoffrey Maloon STREET ADDRESS (NO P.O. BOX) 3357 N. Polo Drive <table border="1"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td>Aptos</td> <td>CA</td> <td>95003</td> <td>(831) 277-2198</td> </tr> </table> NAME OF ASSISTANT TREASURER, IF ANY Denise Lewis STREET ADDRESS (NO P.O. BOX) 5429 Madison Avenue <table border="1"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td>Sacramento</td> <td>CA</td> <td>95841</td> <td>(916) 348-9100</td> </tr> </table> NAME OF PRINCIPAL OFFICER(S) Reggie Sutton, President STREET ADDRESS (NO P.O. BOX) 10345 Sheldon Road <table border="1"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td>Elk Grove</td> <td>CA</td> <td>95624</td> <td>(510) 219-7120</td> </tr> </table>		CITY	STATE	ZIP CODE	AREA CODE/PHONE	Aptos	CA	95003	(831) 277-2198	CITY	STATE	ZIP CODE	AREA CODE/PHONE	Sacramento	CA	95841	(916) 348-9100	CITY	STATE	ZIP CODE	AREA CODE/PHONE	Elk Grove	CA	95624	(510) 219-7120
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Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/28/2019 By 
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Milpitas Firefighters PAC, Sponsored by Milpitas Firefighters Local 1699

CALIFORNIA
FORM 410

Page 2 of 5

I.D. NUMBER

941250

2a. Additional Officers / Assistant Treasurers

NAME

Jonathan Powers, Vice President

MAILING ADDRESS

4520 Norwich Way

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Jose

CA

95130

(408) 807-1841

NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME

MAILING ADDRESS

CITY

STATE

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Statement of Organization Recipient Committee

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CALIFORNIA
FORM 410

Page 2 Page 3 of 5

COMMITTEE NAME

Milpitas Firefighters PAC, Sponsored by Milpitas Firefighters Local 1699

I.D. NUMBER

941250

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NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
First Foundation Bank	(916) 724-2424		
ADDRESS	CITY	STATE	ZIP CODE
2233 Douglas Boulevard, Suite 300	Roseville	CA	95661

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
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NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

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FORM 410

Page 3 Page 4 of 5

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COMMITTEE NAME

Milpitas Firefighters PAC, Sponsored by Milpitas Firefighters Local 1699

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☒ CITY Committee ☐ COUNTY Committee ☐ STATE Committee ☐ Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Support or oppose officeholders, candidates or ballot measures within the City of Milpitas

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Milpitas Firefighters Local 1699

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Labor Union

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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408-942-8904

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Additional Comments
For Form 410

ADDITIONAL COMMENTS	
CALIFORNIA FORM	410
Page 5	of 5
I.D. NUMBER 941250	

COMMITTEE NAME
Milpitas Firefighters PAC, Sponsored by Milpitas Firefighters Local 1699

Additional Mailing Address: Post Office Box 361628 Milpitas, CA 95035

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☒ Amendment

☐ Termination – See Part 5

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or

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03 / 17 / 1994
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____ / ____ / ____
Date of termination

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JUL 23 2018

CALIFORNIA
FORM 410

For Official Use Only
City Clerk's Office

AUG 02 2018

RECEIVED

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I.D. Number
(if applicable)

941250

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Milpitas Firefighters PAC

STREET ADDRESS (NO P.O. BOX)

5429 Madison Avenue

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95841

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MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

(916) 348-9111 / campaigns@rcbs.us

COUNTY OF DOMICILE

Sacramento

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Milpitas

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Geoffrey Maloon

STREET ADDRESS (NO P.O. BOX)

3357 N. Polo Drive

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Aptos

CA

95003

(831) 277-2198

NAME OF ASSISTANT TREASURER, IF ANY

Denise Lewis

STREET ADDRESS (NO P.O. BOX)

5429 Madison Avenue

CITY

STATE

ZIP CODE

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Sacramento

CA

95841

(916) 348-9100

NAME OF PRINCIPAL OFFICER(S)

Reggie Sutton, President

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Executed on 7/19/2018
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE

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FORM **410**

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MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

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------	-------	----------	-----------------

NAME

MAILING ADDRESS

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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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FORM 410

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I.D. NUMBER

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		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

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FORM 410

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I.D. NUMBER

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COMMITTEE NAME

Milpitas Firefighters PAC

4. Type of Committee (Continued)

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PROVIDE BRIEF DESCRIPTION OF ACTIVITY

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List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

☐ ____/____/____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Additional Comments
For Form 410**

ADDITIONAL COMMENTS
CALIFORNIA FORM 410

Page 5 of 5

COMMITTEE NAME
Milpitas Firefighters PAC

I.D. NUMBER
941250

Additional Mailing Address: Post Office Box 361628 Milpitas, CA 95035

Statement of Organization
Recipient Committee

Statement Type ☐ Initial ☒ Amendment ☐ Termination – See Part 5
☐ Not yet qualified
or
☐ Date qualified as committee 03 / 17 / 1994
Date qualified as committee Date of termination
____ / ____ / ____

Date Stamp

City Clerk's Office

JUL 23 2018

RECEIVED

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable) 941250

NAME OF COMMITTEE

Milpitas Firefighters PAC

STREET ADDRESS (NO P.O. BOX)

5429 Madison Avenue

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Sacramento

CA

95841

(916) 348-9100

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

(916) 348-9111 / campaigns@rcbs.us

COUNTY OF DOMICILE

Sacramento

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Milpitas

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Geoffrey Maloon

STREET ADDRESS (NO P.O. BOX)

3357 N. Polo Drive

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Aptos

CA

95003

(831) 277-2198

NAME OF ASSISTANT TREASURER, IF ANY

Denise Lewis

STREET ADDRESS (NO P.O. BOX)

5429 Madison Avenue

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Sacramento

CA

95841

(916) 348-9100

NAME OF PRINCIPAL OFFICER(S)

Reggie Sutton, President

STREET ADDRESS (NO P.O. BOX)

10345 Sheldon Road

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Elk Grove

CA

95624

(510) 219-7120

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/19/2018
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (February/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2 of 5

COMMITTEE NAME

Milpitas Firefighters PAC

I.D. NUMBER

941250

2a. Additional Officers / Assistant Treasurers

NAME

Jonathan Powers, Vice President

MAILING ADDRESS

4520 Norwich Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95130	(408) 807-1841

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2 Page 3 of 5

COMMITTEE NAME

Milpitas Firefighters PAC

I.D. NUMBER

941250

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION			
First Foundation Bank			
ADDRESS	CITY	STATE	ZIP CODE
2233 Douglas Boulevard, Suite 300	Roseville	CA	95661

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
			Nonpartisan	Partisan	

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 3 Page 4 of 5

I.D. NUMBER

941250

COMMITTEE NAME

Milpitas Firefighters PAC

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☒ CITY Committee ☐ COUNTY Committee ☐ STATE Committee ☐ Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Support or oppose officeholders, candidates or ballot measures within the City of Milpitas

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

☐ _____
Date qualified

5. Termination Requirements

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**Additional Comments
For Form 410**

ADDITIONAL COMMENTS

**CALIFORNIA
FORM 410**

Page 5 of 5

COMMITTEE NAME

Milpitas Firefighters PAC

I.D. NUMBER

941250

Additional Mailing Address: Post Office Box 361628 Milpitas, CA 95035